

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Port	70385	
O.I.P.E. CLASSIFIER		8	4-6-99
FORMALITY REVIEW	DMK	69169	4-13-99
	DMK	69169	5-5-99

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
Final	
Original	
1	11/25
2	11/25
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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